

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. **86**
Registered No. **189**

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village P.O. Box 100 - Miami
City Miami No. Miami - Insp. Hospital St. _____ Ward _____

2. Full name of child Eltow Carl Bryant

3. Sex male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth Sept 4 - 1932
(Month, day, year)

9. Full name Eltow Steve Bryant FATHER 18. Full maiden name Pearl Josephine Lamb MOTHER

10. Residence (usual place of abode) Miami Ariz. 19. Residence (usual place of abode) Miami Ariz.
(If nonresident, give place and State)

11. Color or race Cauc 12. Age at last birthday 23 (Years) 20. Color or race Cauc 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) Miami 22. Birthplace (city or place) Miami
(State or country) Arizona (State or country) Arizona

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Accountant</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____, 19____	25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 A. m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplemental report. _____ (Date of) _____
523 - 904 - 732
Registrar. E. M. Brown M.D. Address Miami - Arizona Filed Oct 6 - 1932 Registrar.